ELECTION INSPECTOR APPLICATION

City of Walker

(NAME OF CITY OR TOWNSHIP)

(Must be completed in your own handwriting in ink) Full Name Home Address ___ Phone #'s Home:_______Work:______Cell: _____ Registered in City or Township of ____ Ward/ PCT# ____ County of ____ Political Party Affiliation (REQUIRED; must be a recognized state party & may not be Independent): □ Republican □ Democratic □ Libertarian □ U.S. Taxpayers □ Green □ Natural Law □ Working Class Have you ever been convicted of a felony or election crime? \Box Yes \Box No Education Background (include highest grade completed or degree held) Employment Background (include current or last place of employment and type or work performed) Languages other than English that you speak (if any) Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.): 1 = not experienced, 5 = very experienced \Box 1 \Box 2 \Box 3 \Box 4 Past experience as an election inspector, if any (include name of jurisdiction) _____ Do you have transportation? ☐ Yes ☐ No Will you work at any polling place? ☐ Yes ☐ No If not, explain: _____ I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief. Date / /

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

Signature of Applicant